

CLASS III INDIAN GAMING EMPLOYEE CERTIFICATION

FEE: \$ _____

***** CAUTION *****

Fees will not be refunded after issuance of a temporary certification.
Failure to complete all information and requirements will cause delays and / or denial of your application.

** SPECIAL INSTRUCTIONS **

- ◆ Please type or print all answers. Do not use pencil.
- ◆ As part of your application, you are required to provide positive proof of your identity. Provide a copy of **one** of the following official documents:
 - Certification of Birth;
 - Military Identification Card;
 - Alien Registration Card, if you are a registered alien (see *Proof of Identity* section below)
 - Valid Driver's License;
 - Valid Passport; or an
- ◆ Submit a current photograph (no smaller than 2" x 3", nor larger than 3" x 5") – ensure the photograph is a full facial view. **Write your name and social security number on the back of the picture.**
- ◆ If needed, attach additional documents or explanation sheets.

APPLICANT INFORMATION

1. Full Name: _____

LastFirstM.I.

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Street / Box NumberCityStateZipCounty

(_____) - (_____) - (_____) -

Home PhoneWork PhoneCell Phone

2. Have you ever been issued a license / permit to work in a gambling activity? **IF YES**, complete the following:

City: _____ County: _____ State: _____ Date: From _____ To _____

Aliens: **PROOF OF IDENTITY**

Also, if you have not lived in the United States for the past ten years, provide a copy of your passport, and complete the following information:

Your Middle Name: _____ Father's Name: _____

Foreign Passport Number & Issuing Country: _____ Mother's First Name & Maiden Name: _____

Foreign Identity Document Number: _____ Name in Commercial Code (Found in Foreign Country Passport): _____

Last Known Address in a Foreign Country: _____

_____ Port of Entry and Date of Entry: _____

EMPLOYMENT INFORMATION

4. Name of Tribe Employer: _____

Position Title: _____

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all the answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of my application and / or revocation of any certification granted. I agree to notify the Tribal / State Gaming Agency if any information required on this application and / or my Personal / Criminal History Statement, changes or becomes inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my temporary or permanent state certification. I further understand that the state gaming agency (Washington State Gambling Commission) may revoke, suspend or deny a state certification for any reason(s) it deems to be in the public interest under the provisions of Chapter 9.46 of the Revised Code of Washington.

Signature: _____ Date: _____

TRIBAL AUTHORIZATION

I hereby authorize the applicant to submit this application as a Class III Indian Gaming Employee.

Name: _____ Title: _____

Signature of Authorizing Tribal Agent: _____ Date: _____

WAIVER FOR TRIBAL MEMBERS AND NATIVE AMERICANS ONLY

(Under the terms of the tribal state compact – if you are Native American, you are required to sign the waiver below. Failure to do so will result in administrative closure of your application.)

I agree to submit to state certification to the extent necessary to determine qualification to hold such certification, including all necessary administrative procedures, hearings and appeals pursuant to RCW 9.46, WAC 230-50, and the State Administrative Procedures Act, RCW 34.05. I further waive any immunity, defense, or other objection that I might have in allowing the Washington State Gambling Commission to exercise their authority pursuant to the provisions of the tribal-state compact for Class III gaming.

Signature of Tribal Member / Native American: _____ Name of Tribe: _____